

# Office of the Commissioner of Insurance

## General Insurance Business Quarterly Return

Name of Insurer : \_\_\_\_\_

Reporting Quarter : \_\_\_\_\_

(Q-YYYY)

**Hong Kong Insurance Business (To be filled by insurers incorporated in or outside Hong Kong)**

Direct Business										
Accounting Class (Amount in HK\$'000)	Gross Premiums	Net Premiums	Net Earned Premiums	Gross Commissions Payable	Net Commissions Payable	Gross Claims Paid	Net Claims Paid	Net Claims Incurred	Management Expenses	* Underwriting Profit/(Loss)
Accident & Health	Medical									
	Non-Medical									
Motor Vehicle, Damage & Liability										
Aircraft, Damage & Liability										
Ships, Damage & Liability	Statutory									
	Non-Statutory									
Goods in Transit										
Property Damage										
General Liability	Statutory	Construction								
		Restaurants & Hotels								
		Others								
	Non-statutory									
Pecuniary Loss										
<b>Total</b>										

Reinsurance Inward Business										
Accounting Class (Amount in HK\$'000)	Gross Premiums	Net Premiums	Net Earned Premiums	Gross Commissions Payable	Net Commissions Payable	Gross Claims Paid	Net Claims Paid	Net Claims Incurred	Management Expenses	* Underwriting Profit/(Loss)
Accident & Health										
Motor Vehicle, Damage & Liability										
Aircraft, Damage & Liability										
Ships, Damage & Liability										
Goods in Transit										
Property Damage										
General Liability										
Pecuniary Loss										
Non-proportional Treaty Reinsurance										
Proportional Treaty Reinsurance										
<b>Total</b>										

\*Underwriting Profit/(Loss) is calculated by subtracting "Net Commissions Payable", "Net Claims Incurred" & "Management Expenses" from "Net Earned Premiums".

I certify that the above information is true and correct.

\_\_\_\_\_  
( )  
@Chief Executive/Director/#Manager

\_\_\_\_\_  
Date

Telephone No. \_\_\_\_\_

Facsimile No. \_\_\_\_\_

**"Medical Business" for this purpose means business of the nature of Class 2 (Sickness) of general business.**

@Delete as appropriate

# Please specify the title of post of the signatory

# Office of the Commissioner of Insurance General Insurance Business Quarterly Return

Name of Insurer : \_\_\_\_\_

Reporting Quarter : \_\_\_\_\_  
(Q-YYYY)

**Hong Kong and Overseas Insurance Business (To be filled by insurers incorporated in Hong Kong)**

Direct Business										
Accounting Class (Amount in HK\$'000)	Gross Premiums	Net Premiums	Net Earned Premiums	Gross Commissions Payable	Net Commissions Payable	Gross Claims Paid	Net Claims Paid	Net Claims Incurred	Management Expenses	* Underwriting Profit/(Loss)
Accident & Health	Medical									
	Non-Medical									
Motor Vehicle, Damage & Liability										
Aircraft, Damage & Liability										
Ships, Damage & Liability	Statutory									
	Non-Statutory									
Goods in Transit										
Property Damage										
General Liability	Statutory	Construction								
		Restaurants & Hotels								
		Others								
	Non-statutory									
Pecuniary Loss										
<b>Total</b>										

Reinsurance Inward Business										
Accounting Class (Amount in HK\$'000)	Gross Premiums	Net Premiums	Net Earned Premiums	Gross Commissions Payable	Net Commissions Payable	Gross Claims Paid	Net Claims Paid	Net Claims Incurred	Management Expenses	* Underwriting Profit/(Loss)
Accident & Health										
Motor Vehicle, Damage & Liability										
Aircraft, Damage & Liability										
Ships, Damage & Liability										
Goods in Transit										
Property Damage										
General Liability										
Pecuniary Loss										
Non-proportional Treaty Reinsurance										
Proportional Treaty Reinsurance										
<b>Total</b>										

\*Underwriting Profit/(Loss) is calculated by subtracting "Net Commissions Payable", "Net Claims Incurred" & "Management Expenses" from "Net Earned Premiums".

I certify that the above information is true and correct.

\_\_\_\_\_  
(  
@Chief Executive/Director/#Manager

\_\_\_\_\_  
Date

Telephone No. \_\_\_\_\_

Facsimile No. \_\_\_\_\_

**"Medical business" for this purpose means business of the nature of Class 2 (Sickness) of general business.**

@Delete as appropriate

# Please specify the title of post of the signatory

## Office of the Commissioner of Insurance General Insurance Business Quarterly Return

Name of Insurer : \_\_\_\_\_

Reporting Quarter : \_\_\_\_\_  
(Q-YYYY)

**Hong Kong Insurance Business (To be filled by insurers incorporated in or outside Hong Kong)**

Motor Vehicle, Damage & Liability - Direct Business											
(Amount in HK\$'000)	Gross Premiums	Net Premiums	Net Earned Premiums	Gross Commissions Payable	Net Commissions Payable	Gross Claims Paid	Net Claims Paid	Net Claims Incurred	Management Expenses	* Underwriting Profit/(Loss)	# No. of vehicles written/ renewed during the period
Private Cars											
Goods Carrying Vehicles & Tractors											
Taxis											
Public Light Buses	Green										
	Red										
Motor Cycles											
Others											
<b>Total</b>											

\*Underwriting Profit/(Loss) is calculated by subtracting "Net Commissions Payable", "Net Claims Incurred" & "Management Expenses" from "Net Earned Premiums".

# For a motor fleet insurance policy underwritten on a co-insurance basis with other insurers, the no. of vehicles written/renewed during the period reported in this return should be the total no. of vehicles covered by that policy multiplied by the percentage share assumed by the reporting insurer (to be rounded up).

I certify that the above information is true and correct.

\_\_\_\_\_  
( )  
@Chief Executive/Director/#Manager

\_\_\_\_\_  
Date

Telephone No. \_\_\_\_\_

Facsimile No. \_\_\_\_\_

@ Delete as appropriate

# Please specify the title of post of the signatory